

Hello and Welcome to Grass Lake Animal Hospital!

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Name: _____

Spouse/Significant Other: _____

Address: _____ State: _____ Zip: _____

Phone: _____

Employment and phone: _____

Spouse/Significant Other Employment and phone: _____

If your pet is in the hospital, or we need to call with results of tests, may we call you at work? Yes ___ No ___

For your convenience, please provide your DL #. This will alleviate future requests each time you pay by check. We also use it to positively identify you as your pet's owner, when discussing sensitive information by phone. The DEA also requires us to have this number for certain pet prescriptions.

Drivers license # (#/State): _____

Is there another adult that is authorized to make pet care decisions?

Name: _____

Relationship: _____

Address: _____

Phone: _____

How did you hear of us?

- I called for information
- Phone book
- Drove by
- Campground
- Recommended by someone. Who may we thank? _____
- Website (grasslakeanimalhospital.com)
- Facebook (Grass Lake Animal Hospital)

Pet Information	Name:	Name:	Name:
Species: Dog/Cat/Other			
Breed			
Sex: Male/Female Intact or Neutered/Spayed			
Color/Markings			
Birthday/Age			
Other: allergies, anxieties, previous surgeries			
Previous veterinarian			

Payment Information: *Payment is due at the time of services.* We accept cash, Visa, MasterCard, Discover, and ATM or debit cards and checks. We also accept CareCredit which can provide interest free repayment plans to qualified persons. Most applications receive same day approval. **Financial Responsibility:** This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered, including reasonable attorney's fees and costs of collection in the event of default. I further understand that if my account is delinquent, interest will accrue from the due date at 18% annually, or the maximum rate allowed by law. **Photos:** I agree that photos of my pet or their procedure may be used anonymously, for Facebook or educational purposes.

Signature of owner: _____ **Spouse:** _____

Date: _____

Office Use: _____ Date of last Rabies/DHLPPC/Bordetella/Lyme/FelV/FVRC _____ Previous Veterinarian – call for records?